



**APPLICATION**  
**EQUALIZED BILLING AND PRE-AUTHORIZED PAYMENTS**  
**FLAT RATE Water & Sewerage Utility Customers**



Customer Name:	Telephone #: W: H:
Account Address:	Account #:
Customer's Full Mailing Address (if different from above):	
Email Address:	
20__ Annual Cost: \$ _____ (Subject to change annually.)	20__ Monthly Cost (Annual divided by 12): \$ _____

Debits by the City are to be made on the **15<sup>th</sup> OR 30<sup>th</sup> day (please select one)** of each month or, if that date is a bank holiday, on the next banking day.

**Section I – Introduction**

The Customer hereby applies to The City of Saint John (herein called the "City") for permission to use the City's pre-authorized payment plan for payment of the Customer's Water & Sewerage account (herein called the "W & S Account") indicated above. The Customer hereby confirms to the City that all persons whose signatures are required on the financial account (herein referred to as the "financial account") referred to below have signed this application and authorization.

The undersigned Customer does hereby authorize the City to each month process a debit to the financial account in an amount that is equal to the monthly cost in payment for water and sewerage services provided by the City.

The undersigned Customer does hereby authorize the financial institution referred to below to honor the monthly debit made to the account by the City. The financial institution is not required before making a payment to the City to verify that the City has in fact provided water and sewerage services to the Customer.

**VOID CHEQUE OR PRE-AUTHORIZED DEBIT FORM MUST BE ATTACHED** for application to be processed. Return to Billing and Collections, City of Saint John by mail, P.O. Box 1971, Saint John, NB E2L 4L1 or drop it off to the Customer Service Centre, Ground Floor of City Hall, 15 Market Square.

For joint accounts, if more than one signature is required on cheques issued against the account all depositors must sign at the bottom of this form.

**Section II – TERMS AND CONDITIONS**

The Customer may cancel this authorization by delivering a written notice of cancellation to the office of the city's Commissioner of Finance at City Hall **at least ninety (90) days before** the next payment date. The City may at any time cancel its agreement to allow monthly payment of the W & S Account by mailing a written cancellation notice addressed to the Customer at the Customer's mailing address (it will be deemed by the City that the cancellation notice will be received by the Customer not later than 5 (five) days after it has been deposited into a Canada Post receptacle). A cancellation by the Customer or the City does not affect the responsibility of the Customer to pay for all water and sewerage services provided by the City.

The Customer shall notify the City's Billing and Collections office at City Hall, in writing, of any changes with respect to the financial account information **at least 30 days before** the next debit date.

The financial institution shall treat each debit as if the Customer had each time personally issued a written direction authorizing the City to debit the monthly payments to the financial account of the Customer, and need not verify that payments are drawn in accordance with this authorization.

The Customer understands that any debits charged to his/her financial account will be credited on the W & S Account if :

<input type="checkbox"/>	this debit was not drawn in accordance with this authorization;
<input type="checkbox"/>	this authorization has been terminated; or
<input type="checkbox"/>	this debit was posted to the wrong account due to invalid/incorrect account information supplied by the Billing & Collections office, The City of Saint John,

**PLEASE NOTE: THE CITY OF SAINT JOHN WILL CHARGE \$25.00 FOR EACH TRANSACTION THAT INVOLVES A NOT SUFFICIENT FUNDS (NSF) SITUATION.**

The Customer acknowledges that delivery of this authorization to the City constitutes delivery to the financial institution.

### **Section III– Privacy Statement**

The City of Saint John **DOES NOT** share or sell its client lists. Any information provided herein will be used only with respect to the payment of the W & S Account. The signature of the Customer to this application and authorization is considered by the City to be the Customer's authority to the City to record the information contained herein.

### **Section IV – Signature**

Signed by the Customer at the City of Saint John, N.B., on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Customer Signature :
*Customer Signature :

\*For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.

If you have any questions about this application, please do not hesitate to call 506-658-4455.